



AMENDMENT COVER SHEET

IN RE APPLICATION OF: <u>Duncan</u> , et al.			
SERIAL NO.: 09/679,854 FILED: October 5, 2000			
FOR: Programmable Image Transform Processor			
HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450			
Sir/Madam:			
Transmitted herewith is a paper in the above-identified applicat is hereby requested.	ion. Any necessary exte	nsion of time period	set for this paper
■ No additional fee is required.			
☐ The fee has been calculated as shown below:			,
The fee has been calculated as shown below.		·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
☐ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
			FEE \$
□ EXTENSION FEE	Non-Small Entity	Small-Entity	
☐ EXTENSION FEE FIRST MONTH AFTER TIME PERIOD SET	Non-Small Entity 120.00	Small-Entity 60.00	\$
FIRST MONTH AFTER TIME PERIOD SET SECOND MONTH AFTER TIME PERIOD SET	Non-Small Entity 120.00 450.00	Small-Entity 60.00 225.00	\$
FIRST MONTH AFTER TIME PERIOD SET SECOND MONTH AFTER TIME PERIOD SET THIRD MONTH AFTER TIME PERIOD SET	Non-Small Entity 120.00 450.00 1,020.00 1,590.00	Small-Entity 60.00 225.00 510.00	\$ \$ \$

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of	multiple depende	ent claim		+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

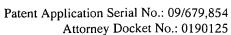
- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0190125

	Total fee for Supplemental Information Disclosure Statement \$
	Enclosed is the total fee of \$ (Payment by Credit Card, Form PTO-2038 Enclosed).
	Please charge Deposit Account No. 50-0731 in the amount of \$
X	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.
Date: _	By: Harshad Farjami, Reg. No. 41,014
	CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: Date Date Of the Commissioner of the co

Christina Carter
Typed or Printed Name of Person Mailing Paper and/or Fee

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Duncan, et al.

Application Serial No.: 09/679,854

Filed: October 5, 2000

For: Programmable Image Transform Processor

Art Unit: 2612

Examiner: Ye, Lin

AMENDMENT AFTER NOTICE OF ALLOWANCE UNDER 37 CFR § 1.312

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir/Madam:

This Amendment is pursuant to 37 CFR § 1.312 after Notice of Allowance dated December 7, 2004, in the above-referenced patent application.